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A Thought for Today

A free race cannot be born of slave mothers.

— MARGARET SANGER

Contraception Crisis

A combination of ignorance and desperation has led to women in developing countries being used as guinea pigs for clinical trials of various drugs, particularly contraceptives. The latest horror story emerges from Bengal where a method prevalent in Nazi concentration camps is being tested out on poor women eternally in search of cheap and painless methods of contraception. On the face of it, the method seems almost too good to be true — no anaesthesia, no surgery, no hospitalisation and incredibly cheap at Rs 35. What unsuspecting patients do not know is that the drug Quinacrine — ordinary quinine tablets — introduced into the uterus causes inflammation, scarring and mutation of the cells which could be fatal. Reports that these trials are being funded by western interests eager to curb the population explosion in poorer countries on the grounds that this will eat into scarce resources in the coming years make official apathy all the more inexplicable. The government similarly disregarded protests from women activists and doctors when it gave the green signal for marketing the controversial contraceptive injectable Depo **Provera** in India. The drug has several dangerous side effects including excessive bleeding, extreme weight loss or gain, nervousness, mood shifts, dizziness, fatigue and fluctuations in blood pressure: The official response that the drug is safe is based on the faulty logic that it is a synthetic compound of the natural hormone progesterone. What is unsaid is that the hormone if introduced into the body at the wrong times disrupts the entire system. Apart from the lack of concern for women, the entry of such questionable drugs into the market clearly underscores that the family planning programme, now referred to in more politically correct terms as family welfare, is still focused on women and completely overlooks the role of men.

The excesses of the Emergency have made vasectomy a dirty word. Instead of trying to correct the image of the state as a brutal emasculator, the entire burden was shifted onto women. Alongside, the government has removed all targets, something aimed at making the family welfare programme more client-friendly and **community**-based. But the continuing poor performance in the populous northern states is testimony to the fact that this is simply not enough. The south has shown that no new magic remedies are required — female literacy, adequate health care and a choice of contraception will bring down fertility levels drastically. Kerala, in fact, already has birth rates below replacement fertility level which is 2.1 children per woman. Another major factor in the success of the southern states has been the active participation of men. In the patriarchal society prevalent in India, birth control decisions are still in the hands of men. Yet there are hardly any male family welfare workers who could help greatly in changing male perceptions. However, none of this is possible without a measure of **decentralisation** and interaction with the users. Given the choice, most couples would prefer an appropriate contraceptive method to sterilisation which the government is promoting aggressively. With India set to become the world's most populous nation in the next century, family welfare officials cannot confine themselves to **mouthng empty slogans anymore.**